

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10

SERIAL NO.

• 522777

FILING DATE

APPLICANT'S

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|--|--|--------------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | | | 51 | | | | | |
| 2 | | | | | | | | | 52 | | | | | |
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| 14 | | | | | | | | | 64 | | | | | |
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| 50 | | | | | | | | | 100 | | | | | |
| TOTAL IND. | | | ↓ | 6 | | ↓ | | | TOTAL IND. | | | ↓ | | |
| TOTAL DEP. | | | ← | 1 | | ← | | | TOTAL DEP. | | | ↓ | | |
| TOTAL CLAIMS | | | ↓ | 17 | | ↓ | | | TOTAL CLAIMS | | | ↓ | | |